



[Dr David Moore](#) » [Gynaecology](#) » [Endometriosis](#)



## [Endometriosis](#)



By [Dr David Moore](#), 19 August 2014

### What is endometriosis?

Endometriosis is a condition that only affects women. It occurs when tissue that normally grows within a woman's uterus elsewhere in the body. During a woman's period, or menstruation, the endometrial tissue in the uterus breaks down and located elsewhere in the body also break down, causing bleeding and inflammation; this is what produces the pain of end

Sites commonly affected by endometriosis include:

- The ovaries or Fallopian tubes
- The bladder or bowel, including the appendix
- The outside surface of the uterus
- Ligaments in the pelvis or the side walls of the pelvis
- Occasionally, the cervix or vagina may be affected



Endometri

***Endometriosis is not life threatening but can cause significant pain, and difficulty falling pregnant.***

### What are risk factors for developing endometriosis?

Around 10% of women may suffer from endometriosis. Some risk factors include:

- Close family history (mother or sister with endometriosis)
- Short duration between periods
- Young age at first period
- A lean build (tall, slim)
- Not having children

### How do I know if I have endometriosis?

Some women do not have symptoms of endometriosis, but may have trouble falling pregnant, or have ovarian endometriomas found when medical imaging tests are done for other reasons. Many women, however, experience lower abdominal discomfort or pain. Symptoms commonly experienced may include:

- Painful periods
- Pain during sex
- Pain with passing urine or having a bowel motion, especially around the time of a period

Often, symptoms only occur, or are worse, around the time of the menstrual period. However, they may be persistent at any time during a menstrual cycle. Additionally, many women experience similar symptoms without having endometriosis.

### What will my doctor do if endometriosis is suspected?

There is no simple test to prove or disprove the presence of endometriosis. Often a pelvic ultrasound may be arranged to look for some causes of pelvic pain and, sometimes, ovarian endometriomas may be revealed. In most cases, however, a pelvic ultrasound is normal despite the presence of endometriosis. If your doctor suspects endometriosis, he or she may discuss presumptively treating you on the basis of your symptoms, or refer you to a specialist gynaecologist. Ultimately, endometriosis can only be diagnosed by direct visualisation and biopsy of lesions at surgery.

### How is endometriosis treated, and can it be cured?

Endometriosis can be treated with medications, surgery, or both. The type of treatment chosen depends on your symptoms. Medications may include:

- Pain medications: often paracetamol or anti-inflammatories
- The contraceptive pill
- Other hormonal therapies

Surgical treatment of endometriosis can usually be performed through small keyhole incisions, and can significantly improve fertility. Surgery may be chosen instead of medical therapy, where medical therapy has failed to adequately improve symptoms. Medical therapies do not improve fertility.

In some women, endometriosis can resolve without treatment. In women who receive treatment, up to 50% may experience a return to normal fertility.

### Will I be able to have a baby if I have endometriosis?

Endometriosis may reduce the chance of falling pregnant each month, but it does not completely prevent it. Around 10% of women experience infertility. As such, surgical treatment is not necessary just to protect your fertility, if you are not currently trying to get pregnant. If you are found during investigation of infertility, however, there is research evidence that your chances of falling pregnant are improved. In some cases, natural pregnancy is still delayed after treatment, and assisted fertility treatments (such as *in vitro* fertilisation, IVF).

### Where can I get more information?

Your general practitioner may be able to provide you with more information, or may [refer](#) you to a specialist for further advice.

Other resources:

- [Endometriosis Australia](#)
- [Royal Women's Hospital - Endometriosis](#)

- [Centre for Young Women's Health](#)
- [QENDO \(Endometriosis Association Qld\)](#)

*The content and information contained on this website is intended to be of a general nature only and is not intended to, nor does it constitute, medical advice. It does not take into account your individual circumstances. No doctor/patient relationship is implied or formed. The accuracy, completeness, adequacy, or currency of the content is not warranted or guaranteed. Use of information on this website, or any other information on this website, such as text, graphics, images and other materials are for informational purposes only. The content is not intended to be a substitute for professional medical advice of their qualified health providers with any questions regarding a medical condition. Users should never disregard professional medical advice or delay in seeking it because it was obtained from this website. Only be made after direct individual consultation. The website does not recommend or endorse any specific tests, products, procedures, or other information that might be mentioned on this website.*

## About Dr David Moore



*David is a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, a Queensland. He is highly skilled in the management of complex and high-risk pregnancies, and has specialised in the management of endometriosis, pelvic floor and incontinence surgery. David has completed a Master of Reproductive Medicine and is a specialist in the management of fertility problems, and can offer the full range of assisted reproductive treatments. He is a Lecturer at the Queensland Medical School, and has published both medical journal and textbook contributions.*

[« Contraception \(Birth Control\)](#)

[Back to Gynaecology](#)

